

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: ComTrans Ambulance Service, Inc. CON No.: 46
DBA (Doing Business As): ComTrans Ambulance Service Phone: (800) 352-2309
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2013 To: December 31, 2013
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain): _____

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Chief Relations Officer

Date: _____

6-30-14

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	0	2,276	<u>2,276</u>
02	Number of BLS Billable Transports:	0	0	5,608	<u>5,608</u>
03	Number of Loaded Billable Miles:	0	0	83,946	<u>83,946</u>
04	Waiting Time (Hr. & Min.):	0.0	0.0	99.9	<u>99.9</u>
05	Cancelled (Non-billable) Runs:				<u>149</u> *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				<u>0</u>
07	Emergency Medical Technician (EMT)				<u>0</u>
08	Other Ambulance Attendants				<u>0</u>
09	Total Volunteer Hours				<u>0</u>

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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AMBULANCE REVENUE AND COST REPORT

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

STATEMENT OF INCOME

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Line No.	DESCRIPTION	FROM	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$7,429,055</u>
	Less:		
02	AHCCCS Settlement.....		<u>(\$1,179,065)</u>
03	Medicare Settlement.....		<u>(\$998,536)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>\$0</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		<u>\$0</u>
07	Total.....		<u>(\$2,177,601)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$5,251,454</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$5,251,454</u>
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$661,075</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$1,553,174</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$152,321</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$87,127</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$482,699</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$333,692</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$3,270,088</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$1,981,365</u>
	Other Revenues/Expenses:		
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	<u>\$7,064</u>
21	Non-Operating Revenue and (Expenses)		<u>\$0</u>
22	Non-Deductible Expenses (Schedule Attached).....		<u>\$2,637</u>
23	Total Other Revenue/Expenses.....		<u>\$7,064</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$1,988,429</u>
	Provision for Income Taxes:		
25	Federal Income Taxes.....		<u>\$676,066</u>
26	State Income Tax.....		<u>\$139,190</u>
27	Total Income Tax.....		<u>\$815,256</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,173,173</u>

Note: See the two Notes to this Statement of Income reported on ARCR page "Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

Note 1 Based on collection trends and other relevant data, Rural/Metro increased its contractual and uncompensated care allowances for revenues recorded prior to December 31, 2012. The impact of that adjustment was to increase calendar year 2012 net revenue by \$1,052,329 and decrease calendar year 2013 net revenue by the same amount. That adjustment is included in the Statement of Income data at Page 2.

Note 2 Statement of Income data does not include an Impairment Charge resulting from the adjustment of Rural/Metro's Goodwill and Intangible Assets to fair value.

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Non-Deductible Expenses:		
22.1	Contributions	<u>\$2,637</u>
22.2		<u> </u>
22.3		<u> </u>
22.4		<u> </u>
22.5		<u> </u>
22.6		<u> </u>
22.7		<u> </u>
22	Total.....Page 2, Non-Deductible Expenses	<u>\$2,637</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

ROUTINE OPERATING REVENUE

**Line
No.**

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	2,276	=	\$ 1,750,181
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	5,608	=	\$ 3,839,274
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	83,946	=	\$ 1,453,145
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	99.9	=	\$ 17,092
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)					\$ 369,362
6	Nurses Charges					\$ 0
7	Total					\$ 7,429,055
8	Standby Revenue (Attach Schedule)					\$ 0
9	Other Ambulance Service Revenue (Attach Schedule)					\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$ 7,429,055

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year				N/A	
12	Plus Purchases					
13	Plus Other Costs					
14	Less Inventory at End of Year				N/A	
15	Cost of Goods Sold (To Page 2, Line 14)					\$ 87,127 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Fringe Benefits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		1.8	\$109,980
06	Payroll Taxes.....			\$8,968
07	Employee Fringe Benefits.....			\$11,236
08	Total.....		1.8	\$130,184
Gross Wages - AMBULANCE PERSONNEL				
(Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$0	9.0	\$295,050
10	Emergency Medical Technician (EMT).....		13.5	\$314,495
11	Nurses.....		4.5	\$293,619
12	Payroll Taxes.....			\$73,643
13	Employee Fringe Benefits.....			\$92,274
14	Total.....		27.0	\$1,069,082
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		1.7	\$61,426
16	Mechanics.....		0.5	\$24,514
17	Office and Clerical.....		3.0	\$93,257
18	Other.....		3.0	\$119,786
19	Payroll Taxes.....			\$24,379
20	Employee Fringe Benifits.....			\$30,546
21	Total.....		8.2	\$353,908
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....		37.0	\$1,553,174

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

Professional Services:

01	Legal Fees	\$0	
02	Collection Fees	\$27,772	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$33,480	
06	Total.....		<u>\$61,252</u>

Travel and Entertainment:

07	Meals and Entertainment.....	\$3,138	
08	Transportation - Other Company Vehicles.....	\$32,744	
09	Travel.....	\$1,307	
10	Other: Lodging.....	\$784	
11	Total.....		<u>\$37,973</u>

Other General and Administrative:

12	Office Supplies.....	\$7,625	
13	Postage.....	\$7,971	
14	Telephone.....	\$17,531	
15	Advertising.....	\$320	
16	General Liability Insurance.....	\$1,867	
17	Dues and Subscriptions.....	\$2,045	
18 a	Other (Schedule Attached).....	(\$179,088)	
18 b	Other: Corporate Support Services.....	\$194,824	
19	Total.....		<u>\$53,095</u>

20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$152,321</u></u>
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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$0
5.2	Management & Human Resources	\$0
5.3	Medical Direction	\$7,328
5.4	Other (did not fit any other line item)	\$26,152
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$33,480</u>

Other General and Administrative:		
18.a.1	Public Relations.....	\$339
18.a.2	Printing.....	\$4,667
18.a.3		
18.a.4		
18.a.5		
18.a.6	Miscellaneous Expenses and Chapter 11 Write-offs for Insurance Obligation Elimination, Trade Accounts Payable Elimination and Termination of Certain Leases	(\$184,093)
18.a	Total.....Page 5, Other General & Administrative.	<u>(\$179,088)</u>

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FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

OTHER OPERATING EXPENSES

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Line No.	DESCRIPTION		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$60,532	
02	Amortization.....	\$0	
03	Total.....		<u>\$60,532</u>
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13)		<u>\$131,481</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$6,617	
06	Utilities.....	\$28,371	
07	Property Taxes.....	\$34,956	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$12,280	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$82,224</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$2,911	
13	Fuel.....	\$99,570	
14	General Vehicle Service & Maintenance.....	\$72,284	
15	Major Repairs.....	\$0	
16	Insurance - Service Vehicles.....	\$12,300	
17	Other: Tires	\$3,741	
18	Total.....		<u>\$190,805</u>
	Other Expenses:		
19	Dispatch.....	\$0	
20	Education / Training.....	\$912	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....	(\$2,975)	
23	Maintenance Contracts.....	\$15,995	
24	Minor Equipment - Not Capitalized.....	\$3,725	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$17,657</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$482,699</u></u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	N/A				
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		0	\$0		\$0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (No Subscription Service Rate)	<u>\$0</u>
	LESS:	
02	AHCCCS Settlement	_____
03	Medicare Settlement	_____
04	Subscription Service Settlements	_____
05	Subscription Service Bad Debt	_____
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>\$0</u>
07	Net Revenue from Subscription Service Runs	<u>\$0</u>
08	Sales of Subscription Contracts (To Page 2 Line 9)	<u>\$0</u>
09	Other Revenue (Attach Schedule)	_____
10	Total Subscription Service Revenue	<u>\$0</u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation/Amortization	_____
19	Rent/Lease	_____
20	Building/Station Expenses	_____
21	Transportation-Vehicles	_____
22	Other (Not Classified Above and Misc.)	_____
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$0</u></u>

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING REVENUES AND EXPENSES

Line No.	DESCRIPTION	
	Other Operating Revenues:	
01	Supportive Funding - Local (Attach Schedule)	
02	Grant Funds - State (Attach Schedule)	
03	Grant Funds - Federal (Attach Schedule)	
04	Grant Funds - Other (Attach Schedule)	
05	Patient Finance Charges	
06	Patient Late Payment Charges	
07	Interest Earned - Related Person/Organization	
08	Interest Earned - Other	
09	Interest Income and Miscellaneous Revenue	\$7,184
10	Gain On Sale of Operating Property	0
11	Other:	
12	Total Other Operating Revenues	<u>\$7,184</u>
	Other Operating Expenses:	
13	(Loss) On Sale of Operating Property	(\$120)
14	Other:	
15	Other:	
16	Total Other Operating Expenses	<u>(\$120)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	<u><u>\$7,064</u></u>

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE I

DETAIL OF SALARIES / WAGES

N/A

Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals	
												Wages Paid To Owners	*FTE
01			\$				\$			\$			
02													
03													
04													
05													
06													
07	Total		\$				\$			\$		\$	N/A
												1	N/A
												2	N/A

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

AMBULANCE REVENUE AND COST REPORT

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE II

Management, Ambulance Personnel, Other Personnel

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Line

No.

Detail of Salaries/Wages - Other Than Officers/Owners

01	MANAGEMENT:	METHOD OF COMPENSATION		
		Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage Annual Salary \$'s per Run or Shift
		Various Local Management	40 Hours a week	x x N/A
		Various Regional Management	40 Hours a week	x x N/A
02	AMBULANCE PERSONNEL:			
		Paramedic	56/48/40 hours/week	x N/A
		EMT	56/48/40 hours/week	x N/A
		Nurse	56/48/40 hours/week	x N/A
03	OTHER PERSONNEL			
		Various Support Staff	40 Hours a week	x x N/A

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE III

DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$411
03										
04	Ambulances	Various	100%	\$34,216	SL	Various	\$0	\$14,900	\$34,216	
05	Accessorial Equipment	Various	100%	\$9,810	SL	Various	\$0	\$398	\$9,810	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$44,026				\$15,298		\$411

To Pg 13

Ln 19, Col I

* Complete description of property, date placed in service, and rent/lease amount columns only.

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

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**SCHEDULE III
 DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)**

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$127,808
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$3,262
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$4,466		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$40,768		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$45,234		\$131,070
19	SUBTOTAL (from Pg 12 Ln 20)		\$44,026		\$44,026				\$15,298		\$411
20	SUM of Ln 18 and 19		\$44,026		\$44,026			\$0	\$60,532		\$131,481

To Pg 6, Ln 01 To Pg 6, Ln 04

* Complete description of property, date placed in service, and rent/lease amount columns only.

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Related Persons or Organizations	(5) Interest Expense Other
	<u>Service Vehicles & Accessorial Equipment</u>					
	<u>Name of payee:</u>					
01		%	\$		\$	\$
02						
03						
04						
	<u>Communications Equipment</u>					
	<u>Name of Payee:</u>					
05		%	\$		\$	\$
06						
07						
	<u>Other Property & Equipment</u>					
	<u>Name of Payee:</u>					
08		%	\$		\$	\$
09						
10						
	<u>Working Capital</u>					
	<u>Name of Payee:</u>					
11	Various - See Audited Financials	Various	In Corp Balances \$		0	\$333,692
12						
13						
	<u>Other</u>					
	<u>Name of Payee:</u>					
14		%	\$		\$	\$
15	<u>TOTAL</u>		<u>N/A</u>	<u>N/A</u>	<u>0</u>	<u>\$333,692</u>
						----- (To Pg 2 Cl 2 Ln 16) -----

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD

FROM: 1/1/13

TO: 12/31/13

BALANCE SHEET

Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS

- 01 Cash
02 Accounts receivable
03 Less: Allowance for doubtful accounts
04 Inventory
05 Prepaid expenses
06 Other current assets

\$ _____

07 TOTAL CURRENT ASSETS

08 **PROPERTY & EQUIPMENT**

09 Less: Accumulated depreciation (see ACR p. 12)

10 **OTHER NONCURRENT ASSETS**

11 TOTAL ASSETS

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LIABILITIES & EQUITY

CURRENT LIABILITIES

- 12 Accounts payable
13 Current portion of notes payable
14 Current portion of long term debt
15 Deferred subscription income
16 Accrued expenses and other

\$ _____

19 TOTAL CURRENT LIABILITIES

20 **NOTES PAYABLE**

21 **LONG TERM DEBT OTHER**

22 TOTAL LONG-TERM DEBT

EQUITY AND OTHER CREDITS

Paid-in capital:

- 23 Common stock
24 Paid-in capital in excess of par value
25 Contributed capital
26 Retained Earnings

\$ _____

29 Fund balances

30 TOTAL EQUITY

31 TOTAL LIABILITIES & EQUITY

\$ _____

\$ _____

***See enclosed Consolidated Annual Audited Financial Statements**

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES

01	Net (loss) income	\$ _____	
	Adjustments to Reconcile Net Income To Net		
	<u>Cash Provided by Operating Activities:</u>		
02	Depreciation expense	_____	
03	Deferred income tax	_____	
04	Loss (gain) on disposal of Property and Equipment	_____	
	<u>(Increase) Decrease in:</u>		
05	Accounts receivable	_____	
06	Inventories	_____	
07	Prepaid expenses	_____	
	<u>(Increase) Decrease in:</u>		
08	Accounts payable	_____	
09	Accrued expenses	_____	
10	Deferred subscription income	_____	
11	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$ _____	

INVESTING ACTIVITIES:

12	Purchases of property and equipment	\$ _____	
13	Proceeds from disposal of property and equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from disposal of Investments	_____	
16	Loans made	_____	
17	Collections on loans	_____	
18	Other _____	_____	
19	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$ _____	

FINANCING ACTIVITIES:

	<u>New borrowings:</u>		
20	Long-term	\$ _____	
21	Short-term	_____	
	<u>Debt reduction:</u>		
22	Long-term	_____	
23	Short-term	_____	
24	Capital contributions	_____	
25	Dividends paid	_____	
26	NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	\$ _____	
27	NET INCREASE (DECREASE) IN CASH	\$ _____	*
28	CASH AT THE BEGINNING OF YEAR	\$ _____	
29	CASH AT END OF YEAR	\$ _____	

SUPPLEMENTAL DISCLOSURES:

	<u>Noncash investing and financing transactions:</u>		
30	_____	\$ _____	
31	_____	\$ _____	
32	_____	\$ _____	
33	Interest paid (net of amounts capitalized)	\$ _____	
34	Income taxes paid	\$ _____	

*See enclosed Consolidated Annual Audited Financial Statements

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